Receipt date: 03/27/2008

## SHEET 1 of 1

| FORM PTO – 1449  |   |                   |    |            |        |         | ATTY DOCKET NO.: 44508-058  |       |     |                |                    |               |                          |  |
|--|---|-------------------|----|------------|--------|---------|-----------------------------|-------|-----|----------------|--------------------|---------------|--------------------------|--|
| SUPPLEMENTAL INFORMATION<br>DISCLOSURE STATEMENT   |   |                   |    |            |        |         |                             |       |     |                | sland, Per Gisle   |               |                          |  |
|  |   |                   |    |            |        |         | APPLICATION NO.: 10/813,326 |       |     |                |                    |               |                          |  |
|  |   |                   |    |            |        |         | FILING DATE: March 30, 2004 |       |     |                |                    |               |                          |  |
|  |   |                   |    |            |        |         | GROUP: 3734                 |       |     |                |                    |               |                          |  |
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| /MM/   |   | US 39,678         |    | 08/25/1863 |        | Russell |                             |       |     |                |                    |               |                          |  |
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| OTHER ART, JOURNAL ARTICLES, ETC.  EXAM OTHER DOCUMENTS: (Including Author, Title, Date, Relevant Pages, Place of Publication) INIT. |   |                   |    |            |        |         |                             |       |     |                |                    |               |                          |  |
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| EXAMINER   |   | /Michael Mendoza/ |    |            |        |         | DATE CONSIDERED 07/31/2009  |       |     |                |                    |               |                          |  |
|  |   |                   |    |            |        |         |                             |       |     |                |                    |               |                          |  |